

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 267457

FILED  
Jan 31, 2008  
Secretary of State

Entity Name: MAGRAM MOTOR CARS, INC.

**Current Principal Place of Business:**

8525 S.W. 92ND STREET, SUITE A3  
MIAMI, FL 33156

**New Principal Place of Business:**

8525 SW 92ND STREET, SUITE A3  
MIAMI, FL 33156

**Current Mailing Address:**

8525 S.W. 92ND STREET, SUITE A3  
MIAMI, FL 33156

**New Mailing Address:**

8525 SW 92ND STREET, SUITE A3  
MIAMI, FL 33156

FEI Number: 59-1119177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NANCY, KIRSNER  
8525 S.W. 92ND STREET, #A3  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

KIRSNER, NANCY DR  
8525 SW 92ND STREET, #A3  
MIAMI, FL 33156 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DR NANCY KIRSNER

01/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: OFSTEIN, NICOLE S.,  
Address: 6785 NW 74 CT.  
City-St-Zip: PARKLAND, FL 33067

Title: PD (X) Delete  
Name: KIRSNER, NANCY DR. PHD  
Address: 8525 S.W. 92ND STREET, #A3  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KIRSNER, NANCY DR  
Address: 8525 SW 92ND STREET, #A3  
City-St-Zip: MIAMI, FL 33156

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR NANCY KIRSNER

PRES

01/31/2008

Electronic Signature of Signing Officer or Director

Date